

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 - 0 0 4

2. STATE:

Pennsylvania

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

March 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 01 \$ 2,213,460

b. FFY 02 \$ 3,860,052

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1A Pages 4g and 4h
Attachment 3.1B Page 4f

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1A Pages 4g and 4h
Attachment 3.1B Page 4f

10. SUBJECT OF AMENDMENT:

Addition of periodontal services to the list of dental services requiring prior authorization

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Review and approval
authority has been delegated to the
Department of Public Welfare.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Feather O. Houstoun

14. TITLE:

Secretary of Public Welfare

15. DATE SUBMITTED:

16. RETURN TO:

Commonwealth of Pennsylvania
Department of Public Welfare
Office of Medical Assistance Programs
Bureau of Policy, Budget and Planning
P.O. Box 8043
Harrisburg, PA 17105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

May 15, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

3/1/2001

20. SIGNATURE OF REGIONAL OFFICIAL:

Claudette V. Campbell

21. TYPED NAME:

CLAUDETTE V CAMPBELL

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID &
STATE OPERATIONS

23. REMARKS:

DMSO T.

SERVICE	LIMITATIONS
10. <u>Dental Services</u>	<p><u>Limitations on payment</u> – The following limits apply to payment for compensable services for recipients under 21 years of age.</p> <p>(1) Orthodontic services required to treat acute dental problems or prevent irreversible damage to the teeth or supporting structures.</p> <p>(2) Maximum allowance for any combination of dental radiographs per patient per dentist per year is \$69.00.</p> <p>(3) Payment for an initial oral examination is limited to one per patient per dentist.</p> <p>(4) Payment for a periodic oral examination is limited to one per 180 days.</p> <p>(5) Payment for intraoral radiography, complete series, including bitewings, is limited to one per five years.</p> <p>(6) Payment for panoramic-maxilla or mandible, single film is limited to one per five years.</p> <p>(7) Payment for dental prophylaxis is limited to one per 180 days.</p> <p>(8) Payment for space maintainers is limited to one per quadrant.</p> <p>(9) Prior authorization is required for orthodontia, complete and partial dentures, space maintainers, crowns, extraction of more than one tooth in preparation for the insertion of a prosthetic device, the extraction of six or more teeth during one visit or one period of hospitalization, all surgical extractions and periodontal services.</p> <p>(10) The maximum allowable payment to a dentist for outpatient surgical procedures per recipient per day is \$500.00.</p> <p>(11) The maximum allowable payment to a dentist per recipient per hospitalization is \$1,000.00.</p> <p>(12) Payment for two or more surgical procedures performed by the same dentist is limited to 100% of the allowable fee for the highest paying procedure and 25% of the second highest paying procedure.</p>

SERVICE	LIMITATIONS
10. <u>Dental Services (continued)</u>	<p><u>Limitations on payment</u> – The following limits apply to payment for compensable services for recipients 21 years of age and older.</p> <p>(1) Payment for oral examination is limited to one per 365 days.</p> <p>(2) Payment for dental prophylaxis is limited to one per 365 days.</p> <p>(3) Payment for root canal requires a post-operative review.</p> <p>(4) Payment for crown coverage is limited to one crown per tooth per six years.</p> <p>(5) Payment for denture relines, either full or partial, is limited to one per arch, every two years.</p> <p>(6) The maximum allowance for any combination of dental radiographs per patient per dentist per year is \$69.00.</p> <p>(7) Payment for panoramic-maxilla or mandible, single file is limited to one per five years.</p> <p>(8) Prior authorization is required for complete and partial dentures, crowns and the extraction of six or more teeth during one visit or one period of hospitalization, all surgical extractions and periodontal services.</p> <p>(9) The maximum allowable payment to a dentist for outpatient surgical procedures per recipient per day is \$500.00.</p> <p>(10) The maximum allowable payment to a dentist per recipient per hospitalization is \$1,000.00.</p> <p>(11) Payment for two or more surgical procedures performed by the same dentist is limited to 100% of the allowable fee for the highest paying procedure and 25% of the second highest paying procedure.</p>

TN# 01-004
Supersedes
TN# 01-003

Approval Date MAY 15 2001

Effective March 1, 2001

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE COMMONWEALTH OF PENNSYLVANIA
DESCRIPTIONS OF LIMITATIONS

ATTACHMENT 3.1B
Page 4f

SERVICE	LIMITATIONS
<u>Dental Services</u>	<p><u>Limitations on payment</u> – Limited to all medically necessary dental services for recipients eligible for EPSDT services.</p> <p><u>Limitations on payment</u> – The following limits apply to payment for compensable services:</p> <ol style="list-style-type: none">(1) Orthodontic services required to treat acute dental problems or prevent irreversible damage to the teeth or supporting structures.(2) Maximum allowance for any combination of dental radiographs per patient per dentist per year is \$69.00.(3) Payment for an initial oral examination is limited to one (1) per patient per dentist.(4) Payment for a periodic oral examination is limited to one (1) per 180 days.(5) Payment for intraoral radiography, complete series, including bitewings, is limited to one (1) per five (5) years.(6) Payment for panoramic-maxilla or mandible, single film is limited to one (1) per five (5) years.(7) Payment for dental prophylaxis is limited to one (1) per 180 days.(8) Payment for space maintainers is limited to one (1) per quadrant.(9) Prior authorization is required for orthodontia, complete and partial dentures, space maintainers, crowns, extraction of more than one tooth in preparation of the insertion of a prosthetic device the extraction of six or more teeth during one visit or one period of hospitalization, all surgical extractions and periodontal services.(10) The maximum allowable payment to a dentist for outpatient surgical procedures per recipient per day is \$500.00.(11) The maximum allowable payment to a dentist per recipient per hospitalization is \$1000.00.(12) Payment for two or more surgical procedures performed by the same dentist is limited to 100% of the allowable fee for the highest paying procedure and 25% of the second highest paying procedure.

TN# 01-004
Supersedes
TN# 01-003

Approval Date MAY 15 2001

Effective March 1, 2001